

Colorado Department of Transportation Request to Inspect Public Records



Requestor Information:

Name: _____ Representing (If Applicable): _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Email Address: _____
Preferred Delivery Method (Check One): ☐ Email ☐ Post Mail ☐ Other _____

Record Request Information:

Highway No.: _____ Mile Post: _____
Section(s), Township, and Range: _____
County: _____ CDOT Region: _____

Description of what is requested:

This request ☐ is ☐ is not related to actual or potential litigation in which the Colorado Department of Transportation is or may become a Respondent or Defendant.

I declare under penalty of perjury in the second degree and any other applicable state or federal laws that the statements made on this document are true and complete to the best of my knowledge

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Signature: _____ Date: _____